

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 21 1934

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

24423

3014

## 1. PLACE OF DEATH

County JacksonRegistration District No. 10Township KAWPrimary Registration District No. 10City Kansas City(No. 27th Paseo)File No. 3014Registered No. 3014St.      Ward     2. FULL NAME Peter H. Seise(a) Residence, No. 3642 Prospect  
(Usual place of abode)St.      Ward     

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Florence Seise  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1888

7. AGE YEARS 45 MONTHS 5 DAYS 0 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Ill.  
(STATE OR COUNTRY)

13. NAME Peter Seise

14. BIRTHPLACE (CITY OR TOWN) Ill.  
(STATE OR COUNTRY)

15. MAIDEN NAME Nellie Hall

16. BIRTHPLACE (CITY OR TOWN) Ill.  
(STATE OR COUNTRY)

17. INFORMANT Florence Seise  
(ADDRESS) 3642 Prospect

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Froest Hill DATE July 7 34

19. UNDERTAKER B. V. Lindsey & Sons  
(ADDRESS) 3811 Broadway

20. FILED 7-7, 19. 34 Amos Crowl  
ass't Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/5/34, 19

22. I HEREBY CERTIFY That I attended deceased from 1597, 19

I last saw him live on 1597, 19. Death is said to have occurred on the date stated above, at 1597.

The principal cause of death and related causes of importance were as follows:

Drowning Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of 1597What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/5/34Where did injury occur? Froest Hill, Ill.

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury AccidentNature of injury Found in

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Amos Crowl M. D.(Address) 3811 Broadway

